

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		10-6-89
O.J.P.E. CLASSIFIER		15	10/2/89
FORMALITY REVIEW	FVB	66793	10/19/89

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/2/89
2	✓	✓	10/2/89
3	✓	✓	10/2/89
4	✓	✓	10/2/89
5	✓	✓	10/2/89
6	✓	✓	10/2/89
7	✓	✓	10/2/89
8	✓	✓	10/2/89
9	✓	✓	10/2/89
10	✓	✓	10/2/89
11	✓	✓	10/2/89
12	✓	✓	10/2/89
13	✓	✓	10/2/89
14	✓	✓	10/2/89
15	✓	✓	10/2/89
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Claim	Final	Original	Date
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If more than 150 claims or 10 sheets are used, staple additional sheet here

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